

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 4-4-03.

I. DISPUTE

Whether there should be reimbursement for CPT code 97799CP.

II. FINDINGS

Dates of service prior to 4-4-02 were not considered in this decision because they were submitted untimely per above referenced Rule.

The insurance carrier's representative, ____, gave preauthorization approval on 8-20-02 for an additional 10 sessions of a chronic pain management program.

III. RATIONALE

Neither party submitted EOBs to support services identified as "No EOB"; therefore, they will be reviewed in accordance with *Medical Fee Guideline*.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
4-19-02 4-22-02 4-23-02 4-24-02 4-26-02 5-1-02 5-2-02 5-6-02 5-7-02 5-9-02 5-10-02 6-18-02 6-19-02 6-20-02 6-21-02 6-24-02 6-26-02 6-27-02 7-1-02 7-12-02 7-30-02 8-22-02 8-23-02 8-26-02 8-27-02 8-28-02 8-29-02 8-30-02 9-4-02 9-5-02	97799CP (X6 hrs)	\$166.67/hr \$1,00.02	\$0.00	No EOB	DOP	Section 413.011(b) Medicine GR (II)(G)	The requestor did not support position that \$166.67/hr is fair and reasonable and complies with Section 413.011(b). The respondent contends that a rate of \$115.00/hr is fair and reasonable based upon a survey of chronic pain management programs. The requestor did not dispute the respondent's position. Therefore, the Medical Review Division will consider \$115.00/hr or 6 hrs X \$115.00 = \$690.00 as fair and reasonable reimbursement in this dispute. 31 dates X \$690.00 = \$21,390.00.

9-6-02							
TOTAL							The requestor is entitled to reimbursement of \$21,390.00.

IV. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT code 97799CP in the amount of **\$21,390.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$21,390.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 12th day of March 2004.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division

David R. Martinez, Manager
Medical Dispute Resolution
Medical Review Division